

**EMERGING LEADERS PROGRAM
ROTATIONAL ASSIGNMENT FORM
CLASS OF 2010**

Emerging Leader's Name:

Travel Required: ☐ Yes ☐ No

Rotation number: ☐ 1 September, 2008 – March 31, 2009 (Home Office)
☐ 2 April 1, 2009 – June 30, 2009
☐ 3 July 1, 2009 – September 30, 2009
☐ 4 October 1, 2009 – December 31, 2009
☐ 5 January 2, 2010 – September 29, 2010 (Home Office)

If the dates differ from above, please specify: Start Date: End Date:

OPDIV Approval Granted: ☐ Yes ☐ No

CAREER PATH:

☐ ADMINISTRATIVE
☐ SOCIAL SCIENCES
☐ SCIENTIFIC

☐ PUBLIC HEALTH
☐ INFORMATION TECHNOLOGY
☐ HUMAN RESOURCES

OPDIV/STAFFDIV:

SUPERVISOR:

DATE SUBMITTED:

E-mail address:

Telephone No.:

Duty Location (complete address):

ASSIGNMENT DESCRIPTION AND OBJECTIVES (Overall description of assignment and at least three objectives/accomplishments expected within the assignment timeframe) (*text can be up to 1300 characters*):

Objective 1:

Objective 2:

Objective 3:

(Please email to the EL Program Manager, HHS University at PSCELP@hhs.gov or fax to 301-480-3287.
A copy should also be forwarded to the Home OPDIV Coordinator.)